

COVER PAGE
SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
CENTERS OF EXCELLENCE PROGRAM
EDUCATION IMPROVEMENT ACT OF 1984
PROJECT YEAR 2007-08
FINAL REPORT
FY 2006-07

Institution			
Center Name			
Project Director/Title	Address		
	Phone		
	Fax		
	E-mail		
Institutional Contact	Address		
	Phone		
Fiscal Officer/Title	Address		
	Phone		
Proposed Funding	FY 2007-08	Five Year Total	School or District Partners
State Funds Requested			
Institutional Funds			
Other Funds			
Total			
Institutional Approval Chief Executive Officer _____ Date _____			

**FINAL REPORT
FY 2006-07
SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
CENTERS OF EXCELLENCE
FUNDING SOURCE SUMMARY**

Institution_____

**Center
Name**_____

Provide in percent the amount from each source that supported the center's salaries and other operating expenses for the FY 2006-07.

Fund Source	Administrative/Personnel Services and Fringes	Other Operating Costs
EIA/CHE		
Institutional		
Federal		
Other Sources*		
Total FTEs		

* Please denote source(s)

Activity Summary

[illegible]

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**SUMMARY OF
SERVICE TO K-16 COMMUNITY**

During the FY 2006-07 please indicate the following numbers served:

Number of teachers served	
Number of students served (P-12)	
Number of pre-service students served	
Number of districts served	
Number on in-service activities	
Number of schools served (P-12)	
Number of faculty (higher education served)	
Number of higher education institutions served	
Number of state and national presentations	
Number of impaired districts served (attach list)	
Number of impaired schools served (attach list)	